

Governor McCallum's Health Care Listening Session
June 24, 2002

Thank you Commissioner O'Connell & Secretary Dube for holding this listening session.

I am Jeanne Hewitt, Associate Director of the UWM Institute of Environmental Health. I also represent its partner organization, the Marine and Freshwater Biomedical Sciences Center funded through the National Institute of Environmental Health Sciences.

The Governor's goal to use this session and others like it around the state to inform "all of us, especially Wisconsin employers, [about] ... the best and newest ideas for cutting costs and ensuring good health care" is laudable.

Dr. David Petering, the Institute's Director, and I want to state for the record that primary prevention is the most cost-effective approach to achieving healthy, productive residents in Wisconsin.

Primary prevention—including, healthy behaviors, safe and healthful home and work environments, and clean air, water, and food is not only the best way, it is the only way to achieve and maintain health among all our residents—rich and poor, urban and rural, all races and ethnic groups. By investing in the health and well-being of our children and young adults, in particular, we ensure (not insure) health parity for all.

The crisis in health care insurance costs is an inevitable consequence of the nature of our health care system, which focuses almost exclusively on curing disease once it has occurred and not on prevention and health parity. Because our current system is predicated on high tech medicine, drugs, and biotechnology, coupled with the expectation of large financial returns, it is not possible to control costs over the long term. Thus, when the president of GE Medical Systems tells stockholders that he expects to increase revenue 20% a year for the next 5 years, that is a statement that is inextricably linked to the projection that health insurance costs will be going up at a similar rate over this period.

Wisconsin has increasingly emphasized technology and industrial development and has recently invested in biotechnology infrastructure with the expectation that it will yield economic well-being for Wisconsin citizens. No doubt, it will provide good jobs—at least for a small proportion of Wisconsinites. The biotechnology industry increasingly provides the foundation for high-tech health care, which is the antithesis of primary prevention. High-tech health care is inaccessible to all but the most well-insured. High-tech health care drives up health care costs for all—including employers. For comparison of the two approaches to health, there is a relatively straightforward etiology to most heart disease that requires expensive bypass surgery—some combination of overeating, smoking and too much stress. In this context, dollars spent for improvements in environmental and public health pay much greater dividends than the

same dollars committed to salvaging disease-ridden bodies. One cannot help but think of the affect of the loss of the tobacco settlement money on the long-term health care costs for the state. The State needs to commit, itself, now to a major emphasis on environmental and public health initiatives that will do much to increase the health of our citizens in the long term.

A major, vexing issue is that because of our mechanism of health care insurance coverage, many people cannot afford adequate insurance; large numbers do not have any insurance at all. In this circumstance, one of our community partners, the Sixteenth Street Community Health Center, which serves a largely Latino population on Milwaukee's near south side, must operate on a primary prevention model. The SSCHC provides primary health care to all—insured or not—to residents in its catchment area referred to as the Menominee Valley. These services include prenatal care, immunizations, lead screening and follow-up, well-baby and well-child health care, nutritional support, and early diagnosis and management of health problems. The SSCHC has achieved national recognition for its proactive, primary prevention services. The SSCHC not only provides clinic services, but also does door-to-door outreach efforts to prevent childhood lead poisoning and asthma, where the focus is on education of families. In the several years since outreach efforts began, the families served by the SSCHC have achieved a significant reduction in childhood lead poisoning in their community—the payback will be healthier, more productive citizens. They have also just completed a national search for the best idea to remediate and

develop a large segment of abandoned brownfields east of the stadium. Again, the SSCHC's emphasis has been to improve the environment, and at the same time, to develop light industry that will provide jobs locally, which will directly benefit residents in the Menominee Valley. Such thoughtful development of the area is expected to contribute to both the economic viability and the health of area residents.

So, what to do in the current situation of rapidly rising insurance premiums? There is little information as to whether the health of Wisconsinites is improving in significant ways, in response to the rapidly increasing costs. Certainly, life expectancy is not going up 25% a year! In fact, it would be difficult to point to any positive dramatic changes in health indices in recent years. Therefore, in the shorter term, to the extent possible, the State must demand that increases in insurance premiums relate to increases in health indices. The medical industry is a high profit industry: profits should warrant demonstrable improvements in health of all citizens not only those middle to upper income wage earners who can still afford first class medical insurance policies.